

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P04000062009

1. Entity Name  
 HAIR BY NELLY, INC.



Principal Place of Business

4801 S UNIVERSITY DR  
 STE 108  
 DAVIE, FL 33328 US

Mailing Address

4801 S UNIVERSITY DR  
 STE 108  
 DAVIE, FL 33328 US



03062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1005773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUZMAN, MARIA N  
 1833 NW 74TH WAY  
 PEMBROKE PINES, FL 33024

**DO NOT WRITE  
 IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GUZMAN, MARIA N
STREET ADDRESS	1833 NW 74TH WAY
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	DST
NAME	GUZMAN, JUAN A
STREET ADDRESS	1833 NW 74TH WAY
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000497171  
 04/22/06-80043-009 150.00

**DO NOT WRITE  
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Date]* 4-06 (954) 964-10  
 Date Daytime Phone #